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CONGRES INTERNATIONAL DE L'ASSISTANCE DES ALIÉNÉS  
ET SPÉCIALEMENT DE LEUR ASSISTANCE FAMILIALE

SOUS LA PRÉSIDENTE D'HONNEUR

DE MONSIEUR VAN DEN HEUVEL, MINISTRE DE LA JUSTICE

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*1<sup>re</sup> Question. — Quelle est la situation actuelle  
et la valeur de l'Assistance familiale des  
aliénés et de l'assistance dans les asiles,  
au point de vue scientifique, humanitaire  
et financier.*

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The present position  
of the Insane Poor under Private  
Care in Scotland

BY

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# The present position of the Insane Poor under Private Care in Scotland

BY

T. W. L. SPENCE

Secretary to the General Board of Lunacy, Edinburgh.

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*Supervision of the Insane Poor in Scotland prior to establishment of General Board of Lunacy.*

The State supervision exercised over the administration of the laws for the relief of the ordinary poor in Scotland is committed to the Local Government Board. Formerly this Board, which up to 1894 was known as the Board of Supervision for Relief of the Poor, exercised also the sole control in matters relating to the lunatic poor; but the report made in 1857 by the Royal Commission, appointed two years before to enquire into the state of lunatics and lunatic asylums in Scotland, disclosed a condition of matters so highly unsatisfactory as to lead to the passing of the existing Lunacy Act of 1857, under the provisions of which the control of matters relating to the insane poor was taken from the Board of Supervision and committed to the General Board of Commissioners in Lunacy (hereinafter referred to as the Board) created by that Act, to which Board was committed not only the control of the insane poor, but the supervision of all establishments used for the reception of lunatics, and of all lunatics in Scotland, both private and pauper, wherever placed, with the sole exception of insane prisoners, and of insane persons maintained in private dwellings from private sources; and even these last named persons are placed by the law under the Board's control, if they are subjected to compulsory confinement or to harsh treatment. The unsatisfactory arrangements for the care and supervision of the insane, which the General Board of Lunacy was created in 1857 to reform, were not due to any failure of duty on the part of the Board of Supervision itself, but because that Board possessed neither the statutory powers necessary to effect reforms, nor had at its disposal the staff of inspecting

officials needed for the effective supervision of the insane. Public opinion moreover had up to the middle of the last century been indifferent to the interests of the insane, and enlightenment as to what could be done towards ameliorating their condition was far from being widespread even among the medical members of the community. There can, however, be no doubt that a great benefit was conferred upon the insane in Scotland by the severance of their supervision from a body having other and different functions, and the placing of their interests in the hands of a Department of Government devoted to that sole duty.

*Powers and Constitution of the General Board of Lunacy.*

The supreme administrative power with regard to the insane in Scotland, both rich and poor, rests with the General Board of Lunacy consisting of a Chairman and two Legal Commissioners, who are unpaid, and two paid Medical Commissioners. There are also two medical Deputy-Commissioners, who are not members of the Board, and whose duties are mainly confined to visiting insane persons in private dwellings, both private and pauper, and reporting to the Board on their condition and treatment. The General Board has an office in Edinburgh with a Secretary and Clerical Staff.

*Duties of District Boards of Lunacy : Have no duty towards Insane  
Poor in Private Dwellings.*

All Scotland is divided into Lunacy Districts to each of which is attached a local body called a District Lunacy Board. To District Lunacy Boards are entrusted by law the duty of providing asylums for the insane poor who require asylum care. In the great majority of Lunacy Districts the District Lunacy Boards have erected asylums for the insane poor, but in a few cases they have contracted with existing asylums for the reception of their pauper patients. District Boards of Lunacy both erect asylums and are responsible subsequently for their good order and management ; but it should be carefully noted that they exercise no control whatever and have no concern or responsibility with any insane persons pauper or otherwise who are not resident in asylums under their management. This explanation is made because it might naturally be supposed that a District Board of Lunacy would have some concern with the pauper insane who are under private care within the District ; but such is not the case.

*Management of Insane Poor in Private Dwellings by Parish Councils, their  
Inspectors of Poor, and Medical Officers.*

Each County of Scotland is divided into parishes (communes) having in some cases a population of only a few hundreds, in other cases a

population of many hundred thousands. The business of the parish is managed in the case of all parishes small and great alike by a popularly elected body called the Parish Council, whose main duty consists in managing the affairs of the ordinary and the insane poor, except the insane poor provided for in asylums which are under the management of District Lunacy Boards. The principal executive officer of the Parish Council is the Inspector of Poor who, in addition to being the servant of the Parish Council, has certain independent statutory duties for the due performance of which he is personally responsible. Each parish has also one or more Parochial Medical Officers who have the medical oversight of the poor, sane and insane, within the parish and are the advisers of the Parish Council in all medical matters.

*Parish Councils responsible for Inspection and Care of their Insane Poor in Private Dwellings wherever resident.*

Pauper lunatics in private dwellings are, subject to the inspection and control of the General Board of Lunacy, under the entire management of the Parish Councils of the parishes which pay for or contribute to their support. If they are not resident in the parish to which they belong, their immediate supervision may be entrusted to the officials of the parish of residence; but the parish to which they are chargeable still remains primarily responsible for their due inspection and proper care.

*Insane Poor come on Board's Register of Insane in Private Dwellings*

*(a) by being left at home on receiving relief; or (b) by being removed to Private Care from Asylums.*

By a general provision of the Lunacy Law of Scotland all pauper lunatics — that is, all persons certified to be insane by two medical practitioners, and on whose behalf any relief or assistance is given by a Parish Council — must be removed to the asylum serving the Lunacy District to which they belong, unless the Board shall sanction their disposal otherwise. It is this provision which brings the Board into official relations with all pauper lunatics under private care. The Board keep a register of such lunatics, the number upon which is added to in two ways. Firstly, persons duly certified insane and admitted by Parish Councils to be entitled to public relief may be exempted by the Board from removal to an asylum and provided for, with their sanction, under private care. Secondly, pauper lunatics in asylums, who are unrecovered, may be removed therefrom, by a resolution of the Parish Council of the parish which pays for their maintenance, and if their circumstances are such as to make it necessary that the parish should continue to provide for their support, they may be placed under the care of guardians in private



dwellings, under conditions which must have the approval of the Board. When a resolution is passed by a Parish Council for the discharge of an unrecovered patient, the Superintendent may refuse discharge and appeal to the Board, if he thinks discharge would be injurious to the patient or a risk to the public. The Board then make enquiry, and either order discharge or confirm the Superintendent's refusal. Discharge is, however very rarely opposed by Superintendents, as Parish Councils have in most cases taken care to ascertain beforehand that persons whose discharge is desired may be removed with safety. If sanction to the residence of a patient under private care is not refused by the Board it is always given « until visited », and solely on the satisfactory nature of the medical and other evidence furnished to the Board in the documents on which sanction is applied for. The experience of the Board shows this to be sufficient.

*Majority of Insane Poor on Board's Register were formerly of the class left at home on relief being given : They now mainly consist of patients removed from Asylums.*

In 1858, when the General Board entered on its functions, the great bulk of the insane poor found resident under private care had come upon the official roll in the former manner, that is, by being left in private dwellings upon admission to public relief ; and for more than twenty years after the General Board had been established, the annual additions to the register of pauper lunatics in private dwellings were mainly of that class. During the subsequent twenty years, however, a change occurred. The number annually admitted to relief and left under the care of their families increased to some extent during the second twenty years, as might be expected from the increasing population of the country ; but the increase of that class was far surpassed during the second twenty years by the number removed from asylums and placed under care in private dwellings. In the twenty years 1860-79 the class certified and left at home averaged nearly 80 persons in each year ; in the following twenty years, 1880-99, they averaged about 99 yearly. On the other hand, in the period 1860-79, the average annual number removed from asylums and provided for as pauper patients under private care was about 43 only, while in the period 1880-99 their number had risen to an average of about 152 annually. Thus, to put the point in other words, in the first twenty years those certified and left at home were about 84 per cent more numerous than those removed from asylums to private dwellings, whereas in the second twenty years the yearly additions to the register from the latter class had become about 53 per cent more numerous than the yearly additions from the former class.

*Most patients resided formerly with Relatives and were of the Imbecile type : The majority now reside with Strangers and suffer from Acquired Insanity.*

This change was associated with two other changes which arose from it. In 1858, when the Board entered on its functions, three-fourths of the insane poor were under the care of relatives and only one-fourth were placed with unrelated guardians. Further, of all the insane poor then on the Board's register, it was estimated that about two-thirds were suffering from imbecility or idiocy, and one-third from various forms of acquired insanity. Twenty years afterwards, when the system of removing suitable patients from asylums to private care began to be developed, the conditions above referred to were reversed. At the present time the number of the insane poor boarded with strangers far exceeds the number boarded with relatives, while the patients in private dwellings labouring under acquired insanity are now probably more numerous than imbeciles and idiots.

*Misunderstanding of term « Boarded-out » : Board's Rules and Requirements alike for all Insane Poor, whether removed from Asylums or otherwise.*

The increased prominence given in more recent years to the removal of pauper lunatics from asylums to private care has led to the system followed in Scotland, of giving relief to the insane poor in private dwellings being sometimes spoken as a system of « boarding out », the word « out » conveying the impression that the essence of the method lies in removing patients from asylums. This however never was and is not now the essential feature of the method, which does not concern itself with the question of whether a patient has been removed from an asylum, or has never been an inmate of an asylum, further than to make a record of the fact as part of the patient's history. What the system aims at and attains is that no insane person in Scotland who receives parochial relief while under private care shall receive such relief unless under conditions prescribed by the State through the Board, and under governmental inspection ensuring the fulfilment of these conditions. It is the broad sweep of this principle, which is a fully applicable to the wealthiest and most populous and busy centres of life in Scotland as to the poorest and most remote parts, which really distinguishes the Scottish method from that followed in other countries.

*Condition of Insane Poor in Scotland prior to Establishment of Board :  
Sir Arthur Mitchell's « Insane in Private Dwellings ».*

Before going further on this subject, it will be advisable to touch briefly upon the history of the system as now consolidated in Scotland.

The Report of the Royal Commission of 1855 showed that there was an ample field and urgent need for improving the condition of the insane poor under private care ; and when the General Board was established in 1857 two medical officers were attached to it as Deputy Commissioners in Lunacy, whose chief duties were to visit all the insane poor under private care in Scotland and to inform and advise the Board as to the steps which should be taken in regard to them. One of the two Deputy Commissioners first appointed was Dr. Arthur Mitchell, afterwards Sir Arthur Mitchell, K. C. B., Commissioner in Lunacy. After six years experience of this work throughout Scotland, Sir Arthur Mitchell published a book on the subject entitled « The Insane in Private Dwellings » (1) which shows that within five years from the institution of the Board the system of caring privately for the insane had been established upon the firm and satisfactory basis on which it now stands. This was accomplished merely by working upon the mass of insane material already found under private care, removing to asylums those clearly requiring that mode of care, improving the condition of those not needing such care, and providing securities for all against the occurrence of unsatisfactory features in their mode of treatment. This book contains many painful pictures of the extreme misery and neglect which was found among the insane cared for at home. These cases were not confined to the pauper insane. They were as frequently met with in as painful forms among the poor of the community who were receiving no public relief ; and sometimes even in families possessed of a certain rough affluence. Terrible as are the details of the extreme misery to which these insane persons had been brought, it may well be doubted whether cruelty or inhumanity had anything to do with it. Sometimes it was probably the result of pride which recoiled at the idea of asking public relief ; sometimes because such relief, if asked for, would not have been given ; often it seems to have been the outcome of silent, helpless, despair in the face of a calamity which the family neither had the knowledge nor the means to contend with ; so that in reading of such cases one hardly knows whether to feel most for the wretched sufferer himself or for the sane members of his family to whom his presence was a veritable curse : and after all, the picture drawn of the worst of these cases is not in any respect more painful than the pictures descriptive of the condition of the insane in asylums in the most enlightened parts of Great Britain, not much more than forty years earlier (2). In both cases ignorance and not inhumanity was at the root of the evil.

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(1) Edinburgh, Edmonston and Douglas, 1864.

(2) Browne on Lunatic Asylums 1837, p. 132, quoted on page 74 of Sir Arthur Mitchell's Book.



*Picture of their condition had a bad side ; but also an instructive and good side.*

But it must not be supposed that these pictures of wretchedness and neglect were descriptive of the general condition of the insane under private care when they were first visited by the Board's officers. Sir Arthur Mitchell expressly states that he is illustrating the *dark* aspect of their condition, and he gives many and convincing reasons showing the necessity for drawing this dark picture. But he warns the reader against thinking that this picture represents the condition of the whole class. He does this not once nor twice, but again and again, and with great emphasis. To quote only one passage, Sir Arthur, after a warning of the kind indicated, proceeds : « There is, however, another side of the picture, » and this exhibits not merely a negation of evil but is a picture of a » highly satisfactory and instructive character. In actual fact a very » considerable proportion of the insane in private dwellings were found » to be well-treated, and the instances were numerous in which we » encountered the most pleasing illustrations of self-sacrifice and devotion, » of affection and good feeling, of kind and judicious management, of » cleanliness and comfort, of happiness and content. »

*Comparatively few changes needed to establish the System upon a satisfactory basis.*

In point of fact of 2078 original applications to the Board to dispense with removal to asylums of pauper lunatics then provided for in family, only 167 were refused and removal to asylums ordered. Of the patients to whom these refusals referred only 56 were at once ordered to be removed to asylums. Others were eventually so removed, but only after efforts had been made without success, to improve the arrangements for their care at home. In several hundred cases sanction was given to home care only on condition of various improvements being effected, and the improvements stipulated for were duly carried out. The ease in attaining these improvements in the home care of the insane, and the observation of the immense mental and bodily changes for the better which followed, were lessons which were not lost. « Through these forced efforts », says Sir Arthur Mitchell, « to ameliorate the condition of the insane at home a » good thing was accomplished, for in many instances they were » attended with complete success, and thus a fuller experience was » obtained of the extent to which the insane can be provided for in » private dwellings (1) ».

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(1) Op. cit. p. 34.



*Early fall in numbers and subsequent rise.*

Notwithstanding the early perception by the Board of the benefits which would follow an extension of the system of caring for the insane poor in private dwellings, the number so cared for gradually declined. The number fell year by year from 1784 in 1858, till in the five years 1876-80 its average was 1399 only. During the following fifteen years the number rose steadily, attaining its highest point in 1900 when the number was 2703.

*Probable causes of fall and rise in numbers.*

The fall in numbers in the earlier years was probably due to the gradual elimination of the least satisfactory cases, combined with the provision of many new asylums in localities in which asylum accommodation had hitherto been wanting or deficient. The subsequent rise was due in part to a Parliamentary Grant in aid of the cost of maintenance of pauper lunatics, first given in the year 1875. This Grant applies equally to pauper lunatics in asylums and in private dwellings and amounts to about half of the cost of maintenance of the patient, but no increase of Grant is given in respect of any cost which exceeds eight shillings (9  $\frac{1}{2}$  francs) a week. The Grant had in the course of time a considerable effect in inducing Parish Councils, especially in the poorer and more remote parts of the country, to admit to public relief many imbeciles residing in family who had either not hitherto been recognised as insane or had not been considered so destitute as to require relief.

*Increased number of patients removed from Asylums largely due to exhaustion of asylum accommodation.*

The great bulk of the increase of the number of pauper lunatics under private care during the last twenty years has however arisen from the extensive systematized removal of unrecovered patients from asylums to private dwellings carried out mainly by large parishes in cities, such as the parishes of Edinburgh and Glasgow. The removal of patients to private care in this period was however due less, it must be admitted, to the recognition of a sound administrative principle, than to the fact that asylums had become so crowded as to render relief to their condition a necessity.

*Numbers of Insane Poor at various dates under care of Relatives and Strangers respectively.*

The following table shows the number of pauper lunatics under private care at 1st January 1881 and at 1st January of each subsequent fifth year to 1896, and for each of the following six years to 1902, distinguishing between those resident with related guardians and those resident with unrelated guardians : —

YEARS	Resident with Relatives	Boarded with Strangers	TOTAL
1881	906	610	1,516
1886	967	1091	2,058
1891	1043	1446	2,489
1896	1009	1691	2,700
1897	1009	1658	2,667
1898	1009	1645	2,654
1899	1039	1663	2,702
1900	1020	1683	2,703
1901	987	1682	2,669
1902	954	1677	2,631

*Fall in number with Relatives.*

It will be observed that among patients resident with relatives a rise occurred, in the ten years from 1881 to 1891, from 906 to 1043, which was mostly contributed by the Highland counties, and that throughout the succeeding eleven years the numbers of those resident with relatives have almost constantly fallen, though the fall has not been considerable.

*Rise in number with Strangers.*

The pauper insane boarded with strangers, to whom alone the term « boarded out » is properly applicable, are, with few exceptions, patients who have formerly been inmates of asylums, from which they have been removed to private care while still insane. From the table it will be seen that the number of patients provided for by being placed in private dwellings under the care of strangers increased in the five years subsequent to 1881 by 481 ; in the next five years by 355 ; and in the following five years by 245 — an increase during the fifteen years of 1081 or 177 per cent. During the past seven years however no rise is shown. All that can be said is that the numbers have been on the whole fairly maintained.

*Present cessation of Increase not significant of any want of confidence in the system : Why sustained Increase cannot be expected.*

\*The fact that the population of Scotland has been increasing and that the number of pauper lunatics in asylums has been growing to an

extent beyond what can be accounted for by increase of population, while the number of pauper lunatics under private care has been standing still in recent years and even showing a tendency to decrease has sometimes been referred to as indicating that this method of providing for the insane poor is losing favour with parochial authorities. There is however no justification for this conclusion. The number of lunatics possessed of the qualities which fit them for residence under private care will not necessarily bear any fixed proportion to the total number in asylums. They must be harmless, quiet, cleanly, free from serious bodily disease, and often more or less useful. The number of asylum patients possessing these qualifications is limited, and if in any one year special steps have been taken for their removal from an asylum the process cannot be repeated with equal success in the year following. When therefore a system for removing patients from an asylum to private care has been instituted and followed for some time, the numbers removed either fall off or a trial has to be made of patients of a less suitable class. Moreover, if it be true, as is asserted, that the increased number of patients sent to asylums consists largely of persons who are physical wrecks or in a state of senile dementia or suffering from transitory attacks of acute insanity, these are not the classes from among whom persons suitable for being boarded under private care are to be found. The fact, that the actual number under private care has almost doubled since 1876 and was two years ago at the very highest point ever touched, stamps the success of the system with a significance which is not lessened by the circumstance that the numbers in recent years show a slight decrease in proportion to population.

*Power given to Board to permit reception of patients not exceeding four in number into Private Dwellings (Specially Licensed Houses): Effect of this on number removed from Asylums to Private Care.*

The early recognition by the Board of the advantages which flowed from the systematic care of the insane poor at home, both to the insane themselves and to the public which supported them, led the Board to obtain in 1862 a legislative change which was destined to have an important effect upon the system of caring for the insane in private dwellings, though more than twenty years elapsed before its provisions were fully taken advantage of. Up to 1862 the law made it illegal for the occupier of a house to receive more than one insane boarder unless by payment of a heavy license fee and the observance of certain conditions and formalities which constituted the house a private asylum. This amounted to a practical prohibition of the reception of more than one insane person under private care; but the law of 1862 provided that

insane persons to a number not exceeding four might be received into a private dwelling with the sanction of the Board and under regulations prescribed by them, and without the payment of a license fee. This provision was at once utilised by some parishes for the boarding out of patients from asylums, but a long time elapsed before it came into general use. It is however certain that had the power to place from two to four patients in one house not existed, the development of the system of caring for the insane in private dwellings which took place subsequent to 1880 would never have occurred, as guardians who would not have found it profitable to receive one patient found it profitable to receive two, three, or four. The special license given by the Board to these houses does not imply more than a written permission to receive a specified number of patients, which is given after the Board have had assurance that the proposed guardian is a suitable person to have care of the insane, and that the house is of sufficient size to accommodate the number proposed to be received. Otherwise these houses differ in no respect from other private dwellings in which only one patient is boarded. In every case, whether the private dwelling is specially licensed or not, the sanction of the Board must be separately obtained for every patient received and the forms of application for such sanction are the same whether one or more insane persons are to be received.

*Number of Private Dwellings specially licensed.*

The tabular statement which follows shows as at the beginning of the present year the number of private dwellings specially licensed for pauper patients, classified in accordance with the number of patients they contained, and the number and sex of the patients resident in each class : —

Classes of Houses Specially Licensed for Pauper Patients containing at 31 <sup>st</sup> December 1901	Number of Specially Licensed Houses in each Class.	Sex of Patients in each Class.		Total Number of Patients in each Class.
		M.	F.	
Two Patients, . . .	338	234	373	607
Three Patients, . . .	97	70	209	279
Four Patients, . . .	42	46	122	168
Totals, . . .	477	350	704	1054

It will be seen from this table that of all the pauper lunatics provided for in the 477 licensed private dwellings, nearly two-thirds are in houses



which contain only two patients, and that in the houses containing three or four patients more than two-thirds are females.

*Houses containing two patients usually preferred : When three or four are received, coalescence with family life apt to be less perfect.*

The comparatively restricted number of houses which have permission to receive three patients and the still more limited number permitted to receive four patients is to some extent due to the action of the Board. Permission is never given to an inexperienced guardian to receive more than two patients, and permission to receive three or four is only given subsequently upon the recommendation of the Deputy Commissioner who visits the house. The policy of the Board has been of late rather against allowing the reception of three or four patients unless the circumstances are exceptionally favourable. One point in the care of the insane in family to which the Board attach special importance and upon which they insist is that the patients shall share fully in the life of the household, shall have the use of the apartments used during the day by the sane inmates, and shall take their meals at the same time and if possible at the same table as the guardians. Experience has shown that these conditions are not so easily attained in houses which have three or four insane inmates as in those containing one or two. A tendency has been observed in houses having three or four inmates to relegate them to special rooms, to serve their meals separately from those of the household, and generally to approximate the arrangements for the care of the patients to the arrangements which exist in institutions. It has thus happened that houses which were excellent so long as they had two insane inmates have become unsatisfactory when the number was increased to three or four. These tendencies however when they appear are checked by the action of the Deputy Commissioners, and in all the existing houses having three or four patients it may be said that the patients share fully in the family life of their guardians and are constantly with some or other of the members of the household during the day.

*Number of Insane Poor residing (a) Singly with Relatives or Strangers, and (b) with Strangers in Groups of 2, 3 or 4.*

Of the 1677 insane poor at present under the care of unrelated guardians in Scotland, 1054 are in specially licensed private dwellings, the remaining 623 being in houses containing only one patient. Those residing singly under the care of their own families number 954, so that of the 2631 insane poor at present under private care, 1597 are placed singly either with relatives or strangers and 1054 with strangers in houses containing from two to four patients. This class of house has therefore

become of great importance as a means of providing for the insane poor, and if the system undergoes further development it will be doubtless be in this direction that expansion will occur.

*Specially Licensed Houses in Villages.*

Villages in which patients are boarded, in numbers, speaking roundly, from 6 to 60, are numerous and spread over many counties. They are small villages, never exceeding a population of 1500, but most frequently containing a population of a few hundreds only. In the case of some of these villages the Board have found it advisable to put a limit to the number of patients sent to them, from a fear that, if the insane residents came to form a noticeable element in the population, public feeling might be raised unfavourable to the system. No such feeling has however manifested itself, except in the case of a few individual persons who in no instance have had the support of the public sentiment of the locality. The grouping of these patients in villages is the result of what may be called accidental circumstances and is no necessary part of the general scheme. Among these circumstances may be mentioned the existence in such villages of many houses of considerable size occupied by persons possessed, perhaps, of some small private source of income, with small families, and having spare time to devote to the care of patients. The example set by one villager is quickly followed by his neighbour who applies for patients to the Inspector of Poor of some large parish, and thus the group grows. If everything is otherwise satisfactory, parochial authorities naturally like to have their patients more or less grouped within a reasonable compass, as visitation and inspection is thus made easier. Most of the patients forming these village groups, however, come from Counties other than that in which the villages are situated, and many of them belong to Parishes whose officials can only reach them after a journey by railway or steamer of several hours.

*Specially Licensed Houses in Rural Localities other than villages.*

But specially licensed houses are by no means found exclusively in villages. They are frequently dotted here and there over rural districts of considerable extent, occupied mainly by small farmers or persons engaged in rural pursuits, and special licences are perhaps now more frequently given to houses situated in districts such as that described than to houses in villages. Fresh districts are being from time to time discovered to be suitable and utilised, and there is no indication as yet that new guardians cannot be found, if parochial officials are anxious to find them, and have patients suitable for being placed under home care.

*Size of houses specially licensed : Sex of patients in them : Beds, &c.*

Taking the twelve oldest and twelve newest houses for which special licenses have been granted, I find that in 8 cases male patients were desired and in 16 cases females, and that on an average the houses consisted of five rooms. Separate beds must be provided for each patient, and in the case of the male sex the separate occupation of such beds is insisted upon, but in the case of females no objection is made to two sleeping together should they both desire to do so.

*Preponderance of Female Patients under Private Care :*

*Occupations of patients : All patients not capable of useful work.*

The total number of pauper lunatics in asylums and private dwellings in Scotland reported to the Board at 1st January last, was 13581, of whom 6493 were males and 7088 were females, that is there were in round numbers about  $6\frac{1}{2}$  males to every 7 females. Of the 2631 insane poor in private dwellings, 1051 were males, and 1580 were females, that is, there were about 2 males to every 3 females. Of those under the care of relatives 404 were males and 550 females, and of those under the care of strangers (for the most part in houses specially licensed) there were 647 males and 1030 females. It is evident from these figures that females are more easily provided for in Scotland under private care than males. Females take their place more naturally among the surroundings of domestic life. They knit and sew and assist with the family washing or interest themselves with the children of the family, if there are any. Male patients who are mentally and physically capable of work find employment chiefly on farms and in gardening ; but that kind of employment is sometimes not congenial to patients who have been born and brought up in towns and in any case patients who are fit to engage intelligently and actively in such work are few compared with the number of females who are able to take a useful or interested part in the many little employments and occurrences of domestic life. Many patients of both sexes are, however, from mental defect or bodily infirmity incapable of engaging in useful work. They are not on that account disqualified for home care. On the contrary, placed under kindly guardians in quiet domestic surroundings they enjoy a far happier lot in private dwellings than would fall to them by being crowded together in asylums, into the life of which they would be incapable of entering, and where they would pass a merely vegetative existence, under wholly unnatural conditions.

*Rates of board and other items of cost (a) of Patients under the care of Strangers ;  
(b) of Patients under the care of relatives.*

The rate of board at present found necessary to obtain good guardian-

ship for pauper patients with persons unrelated to them may be put at seven shillings (8  $\frac{1}{2}$  francs) a week. The rate is the same for male and female patients and whether they are placed singly or in houses containing more than one patient. In some counties a somewhat lower rate would be sufficient, and in a few exceptional cases a higher rate is paid. In addition to this, the Parish Council provides clothing (of which each patient must possess at least two complete outfits) and medical attendance, which includes ordinary medical attendance as well as the regular quarterly medical visits required under the Board's rules. This medical attendance when the patient does not reside in his own parish is furnished by arrangement with one of the neighbouring Parochial Medical Officers. The Board also require half-yearly visits by an Inspector of Poor, which are paid for by the Parish Council when the patient resides in a parish to which he is not chargeable. Altogether the cost of such a patient cannot be put at less than 8/5<sup>d</sup> (10 francs) per week, which, though considerably below the average cost in asylums generally, is not less than the cost in some asylums. The asylum rates, however, do not include the cost of land and building which is paid for by a special local rate levied by District Boards of Lunacy. The cost of this item varies greatly, but taking all the asylums of Scotland together it amounts at present on an average to not less than 6/3<sup>d</sup> (7  $\frac{1}{2}$  francs) a week per patient. From this point of view the saving to the payer of public rates by boarding the insane poor in private dwellings is great. Patients (mostly of the imbecile type) who reside under the care of relatives cost the Parish Council less. In some cases it may be found necessary to pay as high rates as for those under the care of strangers, but the average weekly rate paid to relatives is about four shillings (5 francs) a week and in many cases the payments made are really contributions towards the cost of maintenance, the balance of the cost being met by the relatives upon whom may rest legal or moral obligations to do so. Adding clothing and medical attendance to the cost to the Parish Council of patients residing with relatives, the average amount is about five shillings a week (6 francs). Public assistance given to an insane child in Scotland does not technically place the parent himself in the position of a pauper, though similar relief given on behalf of a sane child would do so.

*Pauper Lunatic State Grant : Its beneficial effect on the care of the Insane Poor  
in Private Dwellings.*

Half of the cost of maintaining pauper lunatics in private dwellings in Scotland is repaid to Parish Councils by the State. The effect of this contribution, which is known as the Pauper Lunatic Grant, has been, as was already explained in a previous part of this paper, to increase the number brought under the Board's jurisdiction, especially in the poorer





parts of the country. This has been a great benefit to many imbeciles who have thus been placed in better circumstances as regards food and clothing and have had the advantages arising from careful inspection and the consequent amendment of many unfavourable features in their care. The power possessed by the Board of disallowing this Grant has been of great aid to them in effecting reforms, which in some localities might otherwise have been resisted or inadequately carried out by Parish Councils. The Grant is also given to patients in asylums, and here the benefit has been doubtful, except in so far as it has induced Parish Councils in the poor and remote parts of the country to remove to asylums patients needing that mode of care, but whose removal was as long as possible avoided on account of the heavy cost involved. On the whole, it cannot be doubted that the influence of the State Grant upon the care of the insane in private dwellings in Scotland has been beneficial.

*General view of the disposition of the Insane*

*Poor in Scotland : Prevailing kinds of mental defect among them : Patients difficult to care for sometimes left with relatives.*

We thus see spread over Scotland from the furthest south to the extreme north about 2,700 insane poor all under the same inspection and regulations. Those living with their own families are mostly patients suffering from congenital mental defect, and they will be found most numerous in the poorer and more distant parts of the country, possibly not because congenital mental defect occurs more frequently in these areas (direct evidence upon that point being at present wanting) but rather because the inhabitants of these districts are poor and therefore more frequently need relief for imbecile members of the family. Those boarded with strangers and residing in villages and rural districts in the central and southern parts of Scotland are mostly patients who have formerly been inmates of asylums, and the majority will be found to suffer from acquired insanity such as dementia, and mild forms of mania and melancholia, though it will be understood that imbecility has a large representation in this class, just as acquired insanity is to a considerable extent represented among those under the care of their relatives. Patients suffering from epilepsy, or paralysis, or who are physically helpless, or of uncleanly habits are not regarded by the Board as suitable for private care ; yet even in the case of such patients as these, it not infrequently happens that the affection and devoted care of relatives does for the sufferer all that could be done for him in an asylum, and when the Board are satisfied upon that point, they would not hesitate to sanction the retention of such a patient at home.



*Accommodation, Food, Clothing.*

The accommodation, food, and clothing of the insane poor under private care in Scotland, in whatever part of the country they reside, may be said to be the same as the accommodation, food, and clothing of the sane persons with whom they live. Sir Arthur Mitchell says, in the book already quoted, : « As a rule it is regarded as sufficient if a lunatic's » condition shows a reasonable approach as regards substantial comforts » to that of the poor but respectable portion of the general community ». That standard of 1864 remains the standard of to-day. If the patient is the child of a small farmer or fisherman in the highlands or islands of Scotland, he is the occupant of a cottage of probably two rooms, rough but not cheerless, permeated with the pungent odour of peat smoke, but swept by healthy breezes from moorland and sea and never having the closeness and insanitary suggestions which often manifest themselves among town habitations of a much more pretentious kind. If evidence of want in the family appeared it would be the duty of the Parish Council to enquire into the matter and provide a remedy ; but as a rule the necessaries of life such as oatmeal, milk, butter, tea, wheaten bread, fish, and potatoes are not wanting and not difficult to obtain, and the imbecile child shares in all at least equally with his sane brothers and sisters. Patients boarded with unrelated guardians in the central parts of Scotland are inmates of houses provided with brightly kept kitchens and carpeted rooms, furnished in a plain but comfortable manner. In these houses soup and meat enter more largely into the dietary served to guardians and patients alike. The standard of living among the poorer classes in Scotland has for long been undergoing improvement, and *pari passu* with that improvement the comforts of the insane poor under private care have increased.

*Death-rate.*

That their dietary and surroundings are on the whole favourable may be inferred from the death-rate. This rate, which in the quinquenniad 1865-69 was 5.9 per cent, is now 4.9 per cent and cannot but be regarded as satisfactory, considering that the insane poor in private dwellings are subject to the short life attaching to imbecility and other forms of mental disease, and are as a rule persons of low vitality. This rate compares not unfavourably with the death-rate even in institutions whose inmates consist solely of selected patients whose admission would be refused if their physical condition was unfavourable.

*Patients who break down are removed to Asylums ; no local Hospitals  
to meet such cases exist*

If a patient becomes from any cause unsuitable for private care, he is

removed to his proper asylum just as a member of the community would be who became insane and required that mode of care. As the insane poor in private dwellings in Scotland are dispersed over the whole country, it would be impracticable to establish local hospitals for their temporary care in emergency, such as exist at Gheel and Dun-sur-Auron.

*Improvement in bodily and mental state of Patients under Private Care :  
Complete Recovery sometimes established.*

But while some undergo mental or bodily changes which necessitate removal, others improve in bodily and mental condition under the natural conditions of private life, and in not a few cases the mental improvement is, so great as to lead to their being certified to be sane.

*Adequacy of Inspection.*

It may naturally be asked — Is the inspection of these patients scattered as they are over so large an area, sufficient? To this question the answer must be given that it is found by the Board to be so. In addition to inspection by the Board's Officers, it consists, as has already been indicated, in two visits annually (one in each half-year) by an Inspector of Poor, and four visits annually (one in each three months) by a Parochial Medical Officer, the facts found at all such visits being recorded in a Visiting Book prescribed by the Board and kept in the patient's house. Every patient is seen and reported on to the Board at least once a year by a Commissioner or Deputy Commissioner. The visit is repeated when occasion calls for it, and in the case of many aggregations of patients boarded in villages at least two visits a year are regularly paid. Some of the larger Parishes also conduct inspections of their patients under private care by domiciliary visits by a Committee of the Parish Council appointed for that purpose; and in the case of some large Parishes, an assistant officer is appointed whose chief duty consists in supervising the patients of the Parish under family care. But although the regular visits of inspection by the local Inspector of Poor and local Medical Officer are not numerous, it should be kept in view that these officials are constantly in their daily avocations seeing the patients and their guardians. The neighbours of the guardians may also be looked upon as a kind of self-constituted inspectors, as it is certain that, if any indication of bad care were observed, the Inspector of Poor or the Medical Officer would not long remain ignorant of the suspicions entertained. Another security, upon which too much stress can hardly be placed, is the great moral effect which is produced on the guardians and on the public generally by the knowledge that these patients are under government inspection. If this inspection is not frequent, still it is there, and every one is aware that the occurrence of

anything wrong in regard to the treatment of a patient will be sure, sooner or later, to reach the ears of the Department in Edinburgh.

*Superintendents of Asylums from which patients are removed have no responsibility or duty towards them after discharge.*

It may be observed here, as the practice differs in other countries, that, when a patient in an asylum is removed to private care, the Superintendent of the asylum has no further duty or responsibility in regard to him. The connection between the two absolutely ceases on discharge. The Board would strongly oppose any alteration of this practice in Scotland for several reasons. Superintendents of asylums are fully occupied with their proper functions and could not attend to the government of asylums and to the care of the insane in private dwellings without neglecting one or other of these duties. Moreover, the Board think that, when patients are fit for residence under the conditions of private life, it is to their benefit that they should be entirely kept apart from the methods of care and from the associations connected with asylum life. Such medical supervision as the patients require may, the Board think, be quite competently undertaken by the qualified local medical practitioner to whom the duty is committed. But perhaps the most serious objection of all would be that, if medical superintendents continued to have inspectional duties over patients after discharge, the boarding out of patients in Scotland would become impracticable from the impossibility of finding guardians for them within a moderate distance from the asylum.

*Occurrence of Accidents and cases of Suicide.*

It would be unreasonable to expect that, among so large a body of insane persons under private care, no accident or unfortunate incident of that nature should happen. But in point of fact, such occurrences are so rare that, taking the whole body of the insane poor in private dwellings together, it is believed that their history in respect to such occurrences would compare favourably with the history of any similar number of sane persons. For 38 years, among an insane population on the register, numbering throughout the period an average of about 2,000 persons, no assault causing serious hurt or inferring danger was recorded. During that period not fewer than 12,018 individual patients passed through the Board's Registers. After 38 years, the record of immunity from serious assault was broken by a patient boarded out from an asylum who in a fit of passion, resulting from some order of the guardian which was resented, struck a child a fatal blow on the head with a table knife. The only other occurrence of the kind happened since the writing of this paper was undertaken by me. A patient who has lived for thirteen years under the care of his cousin, a fisherman on the west coast of Scotland, and who seems to have

passed as a sane person among most of those with whom he came in contact, killed his guardian under circumstances not precisely known, when they were together in their boat. These are the only instances of that special nature which have occurred. A few cases of suicide, of patients who had given those supervising them no cause to fear such an occurrence, have happened at long intervals, and in some instances patients have lost their lives accidentally in circumstances which would probably have brought the same misfortune upon sane persons. The number of serious occurrences among pauper patients under private care, which have taken place throughout the 44 years which have passed since the Board was established, would probably have been equalled in one or two years among a like number of patients in asylums. This is not said as conveying any reflection upon asylums, as it is fully recognised that they are the natural receptacles of suicidal and dangerous patients. But at the same time Superintendents will be ready to admit that all fatal injuries, serious accidents, and cases of suicide do not happen only to those who are dangerous to others or are believed to be dangerous to themselves, and it is well to bear in mind therefore that the removal to asylums of all the insane poor now in private dwellings would be rather likely to expose them to dangers from which they are at present free than to protect them from danger.

#### *Occurrence of Pregnancy.*

The utmost vigilance on the part of all concerned as not always been able to protect the imbecile girl or woman of child-bearing age against the risk of pregnancy. Such occurrences are very rare and years may pass without one happening, but they do occur from time to time, especially in parts of the country where lax views of sexual morality are prevalent, or where, as some would put it, the sexual appetite is more than usually urgent. In some cases, where the circumstances are doubtful or where the patient is of markedly erotic tendencies, the Board refuse to sanction residence under private care, or withdraw sanction when such tendencies develop; but cases in which the risk is greatest are often those of young imbecile girls under the care of their parents who would refuse public relief and would thus withdraw their daughter from the Board's jurisdiction rather than consent to her removal to an asylum or to more capable guardianship. As refusal of sanction on the part of the Board would only in such a case result in depriving the young woman of the protection arising from inspection and from the constant reminders of risk, which accompany inspections, the Board sometimes acquiesce, for the patient's good, in arrangements which otherwise they would not be willing to sanction. They thus sometimes accept the risk of possible accident in cases where the accident, if it occurred, might be likely to cause reflections

on the general system by critics unacquainted with the facts. Experience shows that absolute immunity from the risk of sexual accident does not exist even in asylums; and moreover, if it were possible to remove to asylums all insane women of childbearing age, the sense of justice revolts at the suggestion that because one woman out of many hundreds might possibly be taken advantage of by a depraved, sane man, therefore all the rest should be confined in asylums for the most of their life, although they may have conducted themselves with propriety and proved their capacity for the harmless enjoyment of a natural liberty.

*Intention of paper.*

I have endeavoured in these pages to set forth, perhaps at too great length, the general features of the system followed in Scotland, in such a way as I trust may enable the officials of other countries to understand it, and possibly to form an opinion as to whether that system is capable of adaptation to the laws and circumstances of their own countries.

*Testimony to Excellence of System borne by all Officers of the Board who have taken an active part in establishing it.*

Space will not permit me to do more than make a brief reference to the unqualified testimony to the merits of the system borne by all the Commissioners and Deputy Commissioners who have taken an active part in establishing and perfecting it. To Sir Arthur Mitchell's work I have already referred. Sir John Sibbald, late Commissioner (author of « Lunacy » administration in Berlin and in Scotland, with special reference to the » care of the Insane in Private Dwellings » (1), and of many other papers relating to the family care of the insane in this Country, in Belgium and in France), and Dr Fraser, Commissioner, have supported it with no less enthusiasm; and the same may be said of Dr John Macpherson, Commissioner, of the late Dr Lawson, Deputy Commissioner, and of the present Deputy Commissioners, Dr Sutherland (who published an account of the system « The Insane in Private Dwellings » in 1897) and Dr Charles Macpherson. For the opinions of these writers I cannot do more than refer to the works above mentioned and to their reports published in the Annual Reports of the Board.

*Set of Forms and Notices used by the Board in connection with the system.*

I submit with this paper a complete set of the forms and notices used by the Board in connection with their supervision of the insane in private dwellings in Scotland, calling special attention to the Case Record. A

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(1) Journal of Mental Science. — Vol : XLI. January and April 1895.



separate record on this form is kept in the Offices of the Board for every private and pauper patient under private care in Scotland, on which is entered all reports on the patient by the Board's Officers, all minutes and notes regarding him, and an epitome of all correspondence relating to his case. The Case Record thus forms a complete and easily accessible statement of the patient's history, so far as it has come under the notice of the Board.





